

## SARPD ENTRY HEALTH QUESTIONNAIRE

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### SECTION 1: DEMOGRAPHICS

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NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

UNIT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: (NAME) \_\_\_\_\_

(PHONE) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_

\_\_\_\_\_

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### SECTION 2: HEALTH QUESTIONNAIRE

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CIRCLE YES OR NO OR RESPOND TO THE QUESTION

ARE YOU ALLERGIC TO ANYTHING? YES NO  
IF YES, WHAT IS THE ALLERGEN AND WHAT REACTION DO YOU HAVE?

ALLERGEN

REACTION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR USUAL HEALTH IS: (CIRCLE 1) GOOD FAIR POOR

DO YOU EXPERIENCE ANY OF THE FOLLOWING:

VISION DIFFICULTIES	YES	NO
HEARING DIFFICULTIES	YES	NO
DIZZINESS	YES	NO
CHRONIC PAIN	YES	NO
BREATHING DIFFICULTIES	YES	NO
FREQUENT INFECTIONS	YES	NO
FREQUENT CHEST COLDS	YES	NO
EASY BRUISING	YES	NO
FREQUENT LEG CRAMPS	YES	NO

DO YOU HAVE FULL MOVEMENT AND STRENGTH IN	ALL	
EXTREMITIES?	YES	NO
HAVE YOU FALLEN RECENTLY?	YES	NO

DO YOU EXERCISE? YES NO  
IF YES, WHAT TYPE OF EXERCISE? \_\_\_\_\_

HOW OFTEN DO YOU EXERCISE? \_\_\_\_\_

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**SECTION 3: RISK FACTOR QUESTIONNAIRE**

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**IN THE PAST YEAR, HAVE YOU:**

1. HAD A SIGNIFICANT CHANGE IN YOUR HISTORY OF HEART DISEASE OR HIGH BLOOD PRESSURE WHICH REQUIRED YOU TO LESSON YOUR PHYSICAL ACTIVITY OR TO SEEK ADDITIONAL MEDICAL TREATMENT? YES NO

2. HAD A SIGNIFICANT CHANGE IN YOUR MEDICAL CONDITION (EG: DIABETES, ASTHMA, WEIGHT)? YES NO

3. DECREASED OR INCREASED YOUR NICOTINE USE? YES NO

4. DECREASED OR INCREASED YOUR ALCOHOL CONSUMPTION? YES NO  
IF YES, DESCRIBE \_\_\_\_\_

5. BEEN DIAGNOSED AND / OR TREATED FOR ANY OF THE FOLLOWING?

DIABETES	YES	NO
HIGH BLOOD PRESSURE	YES	NO
HEART DISEASE	YES	NO
TUBERCULOSIS	YES	NO
ARTHRITIS	YES	NO
KIDNEY DISEASE	YES	NO
HERNIA	YES	NO
INDIGESTION	YES	NO
ULCERS	YES	NO
LUNG DISEASE	YES	NO
DEPRESSION	YES	NO
PERSONALITY DISORDER	YES	NO
ALCOHOL WITHDRAWAL	YES	NO

ARE YOU CURRENTLY TAKING PRESCRIBED MEDICATIONS? YES NO  
IF YES, LIST MEDICATIONS \_\_\_\_\_

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**FEMALE PATIENTS ONLY:**

ARE YOU PREGNANT OR THINK YOU MIGHT BE PREGNANT? YES NO

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_